

WVND/ATTY- (10/06) Notice of Change of Attorney Information

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF WEST VIRGINIA
AT **Martinsburg**

S.L., a minor, by and through her parent and legal guardian, D.L.

**NOTICE OF CHANGE OF
ATTORNEY INFORMATION**

V.

City Hospital, Inc., d/b/a, Berkeley Medical Center, a subsidiary of WVUH-East

Case Number: 3:18-cv-162

Name of attorney: **Joshua K. Boggs**

West Virginia Bar ID No.: **10096**

-or-

☐

Out of State Attorney

❖ TO UPDATE NAME OR FIRM INFORMATION ❖

(Note: Please file a separate Notice of Change of Attorney Information form per case per attorney)

Attorney name change:

From:

To:

New firm/government agency name: **West Virginia United Health System**

New address: **1238 Suncrest Towne Centre Drive**

Morgantown, WV 26505

New telephone number: **304-598-6772**

New facsimile number: **304-598-9888**

New e-mail address: **joshua.boggs@wvumedicine.org**

(provide only if you are a registered E-filer with this court)

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❖ TO BE ADDED AS COUNSEL OF RECORD ❖

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My firm/government agency

has appeared in the above-titled action. I am counsel of record and ask to be added to the docket.

Your name:

Joshua K. Boggs

Firm/government agency name:

Address:

Telephone number:

Facsimile number:

E-mail address:

❖ TO CHANGE WITHIN-FIRM REPRESENTATION ❖

NOTE: Please do not use this form to WITHDRAW from a case. If a firm, solo practitioner, or government agency seeks to WITHDRAW from a case, please file a MOTION TO WITHDRAW and a respective proposed Order.

I am no longer associated with:

☐

the above-entitled action.

☐

the following party(s) in the above entitled action

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Please check one of the following if you are seeking to remove your name from the above-titled action:

- ☐ Other attorney(s) from my current firm/government agency have appeared in this case and are on the Court's docket.
- ☐ All subsequent documents shall be served on the following new attorney from my current firm/government agency:

Name of attorney: _____

Firm/government agency name: _____

Firm address: _____

Telephone number: _____

Facsimile number: _____

E-mail address: _____

(provide only if you are a registered E-filer with this court)

❖ TO BE REMOVED FROM THE COURT'S SERVICE LIST ❖

- ☐ I am to remain counsel of record for the following party(s) in the above-entitled action:

However, I do not wish to receive copies of any future orders, correspondence, motions, pleadings, notices, etc., and am notifying the court to remove my name from its service list for this case only. I will notify the Clerk of Court should this notice requirement change.

Further, I hereby absolve other counsel of record, if any exist, from serving any future correspondence, motions, pleadings, notices, etc., upon me in this case only.

Date: 12/3/18

Signature: 

Name: Joshua K. Boggs